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**To:** Examiner Philip Robert Smith  
Art Unit: 3739

**From:** Thomas Spinelli, Esq.  
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**Pages:** 14

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**Date:** May 23, 2007

**Re:** USSN: 10/811,041  
Our Docket: 17575

**CC:**

## RESPONSE TO FINAL OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on May 23, 2007.

1. Request for Continued Examination (RCE) Transmittal in Duplicate
2. Amendment Under 37 C.F.R. § 1.114 W/Transmittal in Duplicate
3. Authorization to Charge Dep. Account 19-1013/SSMP for \$790.00
4. Certificate of Transmission Under 37 CFR 1.8

Applicants: Kazuya Matsumoto, et al.  
Serial No.: 10/811,041  
For: CAPSULE ENDOSCOPE SYSTEM  
Filed: March 26, 2004  
Docket: 17575  
Dated: May 23, 2007  
TS:cm

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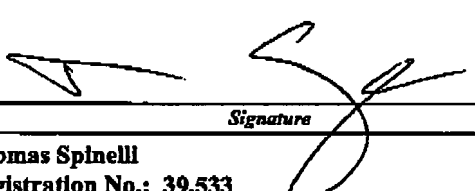
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> <b>17575</b>									
Applicant(s): <b>Kazuya Matsumoto, et al.</b>														
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.									
10/811,041	March 26, 2004	Phillip Robert Smith	23389	3739	9537									
Invention: <b>CAPSULE ENDOSCOPE SYSTEM</b>														
<b><u>COMMISSIONER FOR PATENTS:</u></b>														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	2 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: May 23, 2007											
Thomas Spinelli Registration No.: 39,533			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td style="text-align: center;">(Date)</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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